BUREAU OF V	BOARD OF HEALTH VITAL STATISTICS TIFICATE OF BIRTH	State File No. 415 Registered No.
county Navajo	Sialo arizona	Plaker
District or Township or Village Snowflage. St. Ward City St. Ward (If high occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.		
2. Full name of child. Sex of Child To be answered ONLY in event of plural births. 5. No., in order of	ther 6. Legitimate 1 7. D	ato birth James 9 1931 Month Day Year
8. PATHER Full name (flyings O. Rogers	14. Full maiden name Jaco	Hother Hymrt
9. Residence (Usual place of abode) mouflake	15. Residence (Usual place of abode) If non-resident, give place a	<i>v</i> .
16. Color or race 11. Age at last birthday #2 Years	16. Color or race	Age at last birthday 99 (Years)
12. Birthplace (city or place) www.lake (State or country)	18. Birthplace (city or place (State or country)	Man
18. Occupation Road Contractor Nature of Industry	19. Occupation / Q	usewifi
20. Number of children of this mother	live but now dead	Yere precautions taken against oph- almia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIPE I hereby certify that I sitended the birth of this child, who was (Born slipe of still fra)		
eWhen there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn while is one that neither breathes nor shid is one that neither breathes nor shows other evidence of life after birth.	1 any	(Physician or midwife.)
Given name added from a supplement report Month, day, year Registrar.	od July 10 131 J.	H. Frost Registrar
192 - 669 - 382		